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	FEB		
Complete if Known			
Application Number	10/762,877		
	5441 January 22, 2004		
Filing Date			
First Named Inventor	France		
Examiner Name	Frankie L. Stinson		
Art Unit	1746		
Docket No.	9146M		
ı	Application Number Confirmation Number Filing Date First Named Inventor Examiner Name Art Unit		

METHOD OF PAYMENT	METHOD OF PAYMENT FEE CALCULATION (continued)		
	5. ADDITIONAL FEES		
enhanted on this form, credit any over payments, and	Fee Description		<u>Fee Paid</u>
charge any additional fee(s) during the pendency of this	Extension for reply within 1st month	(\$120)	[X]
application to: Deposit Account Number: 16-2480	Extension for reply within 2 <sup>nd</sup> month	(\$450)	D O
Deposit Account Name: The Procter & Gamble Company	Extension for reply within 3 <sup>rd</sup> month	(\$1,020)	П
- <del></del>	Extension for reply within 4th month	(\$1,590)	D
FEE CALCULATION	Extension for reply within 5th month	(\$2,160)	0
2. BASIC FILING FEE – Large Entity FILING SEARCH EXAMINATION	Information Disclosure Statement fee	(\$180)	D
	37 CFR 1.16(f) Late Oath/Declaration		
Application Type Fee Paid	(nonprovisional)	(\$130)	D
Nonprovisional (\$300) (\$500) (\$200)	37 CFR 1.17 (q) Surcharge - Late provisional		
Utility (Total = \$1000) []	filing fee or cover sheet	(\$50)	מ
Design (\$200) (\$100) (\$130)	Non-English specification	(\$130)	П
(Total = \$430) []  Reissue (\$300) (\$500) (\$500)	Notice of Appeal	(\$500)	n
(Total = \$1400) [] Provisional Utility filing fee (Total = \$200) []	Filing a brief in support of an appeal	(\$500)	0.
3. APPLICATION SIZE FEE;	Request for oral hearing	(\$1,000)	0
Sheets of Spec and Drawings	•		
(\$250 for each 50 sheets in excess of 100, except for	Acceptance of unintentionally delayed claim for priority		
sequence and program listings)	under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370)	() ()
\$UBTOTAL (2)+(3) (\$)[0]	Other:		IJ
4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE:  Extra Fee from Fee  Claims Below Paid  Total Claims [] - 20** = [] x [] - []  Independent Claims [] - 3** = [] x [] - []  Multiple Dependent claims: [] = []  ** or number previously paid, if greater; For Reissues, see below  Fee Description  Claims in excess of 20 (\$50 per claim)  Independent claims in excess of 3 (\$200 per claim)  Multiple dependent claim, if not paid (\$360)  **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)  **Reissue claims: each claim over 20 and more than original patent (\$50 per claim)			
SUBTOTAL (4) (\$)[0]	SUBTOT	AL(5)	(\$) [120]

SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	Julia A. Glazer	Registration No. (Attorney/Agent)	41,783	Telephone	(513) 627-4132
Signature	( Xu all	h		Date	February 6, 2007

This collection of information is required to 37 CPR 1.17. The information is required to obtain or rotation a benefit by the public which is to file (and by the USPTO to process) an application.

Confidentiality is governed by 35 \$5.5. [22 and 37 CPR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Tithe wild vary depending upon individual case. Any comments on the amount of time you are required to complete this form analyor suggestions for reducing PAGE 2/5 \* RCVD AT 2/6/2007 1:21:47 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-1/2 \* DNIS:2738300 \* CSID:5136278118 \* DURATION (mm-ss):01-40